

# Psoriasis

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## General

- Psoriasis is common chronic, recurrent, immune mediated disease of the skin and joints.
- Psoriasis can have *a significant negative impact on the physical, emotional, and, psychosocial wellbeing of affected patients.*
- Treatment typically begins with topical corticosteroids and adjunctive topical therapies.
- Systemic treatments can have significant side effects and should be reserved for severe and/or generalized forms of arthritis.
- *Patient education* is an important part of successful treatment, as environmental factors can play a role in the course of disease and treatment.

## Epidemiology/risk factors

- 2% prevalence in the U.S. (*common!*), with variation among ethnic groups
- Bimodal age of onset (15-20 years and 55-60 years)

## Symptoms and signs (This is a clinical diagnosis)

- Psoriasis is a **papulosquamous** disease (characterized by scaling papules and plaques).
- Other papulosquamous diseases (**ddx**):
  - tinea infections
  - pityriasis rosea
  - lichen planus
- Differentiating features of psoriatic lesions:
  - circumscribed, circular, red papules or plaques with a grey or silvery-white, dry scale.
  - **Symmetrical distribution** on the scalp, elbows, knees, lumbosacral area
  - **Koebner's** psoriasis—develops at the site of trauma or injury
  - **Itching** is the most common symptom. In some patients, burning and pain may be the only symptoms.
- *Diagnosis based on clinical presentation*; histologic confirmation is rarely needed. If uncertain → biopsy or consult dermatology
- **Plaque psoriasis** is *by far the most common (90%)*. Other forms (inverse psoriasis, pustular, erythrodermic, guttate) can be harder to recognize and treat; a dermatology referral may be prudent. A few pearls for the family doctor:
  - **Inverse** (“flexural”) psoriasis: less scaly than the plaque form, occurs in **skin folds** such as **flexor surfaces** and perineal, axillary, inguinal, and intergluteal areas.
  - **Guttate** psoriasis: Small “droplet”-shaped lesions. Classically occurs shortly after acute

### COMMON CO-MORBIDITIES

- **Depression** (up to 60% prevalence, which may improve with treatment of psoriasis)
- **Crohn's and UC** (RR 3.8 – 7.5 compared to unaffected persons)
- **Malignancy** (lymphoma)
- **Metabolic syndrome, obesity** (increased prevalence), and increased risk for **MI** (after controlling for CV risk factors)

strep throat infection, usually in younger patients (<30 years).

- Non-dermatologic and systemic disease—can help confirm diagnosis and also may change management
  - **Nail pitting**
  - **Psoriatic arthritis:** a seronegative inflammatory process (RF test neg.) Joint pain and dactylitis. Severity of the arthritis is *not* related to severity of dermatologic symptoms.

## Treatment and follow-up

- Localized/Mild (<5% of body surface area):
  - Initial therapy with topical corticosteroids [fast acting] and calcipotriene (Dovonex) [slower acting]. Emollients (lotions) as adjunctive therapy.
  - When lesions are controlled → taper corticosteroids between flares; continue emollients long-term.
  - Poorly controlled localized disease:
    - Intralesional steroid injections for localized fixed plaques
    - Multiple affected areas: Can try judicious sun exposure
    - Local hands and feet: Can refer to Veteran's Hospital for UVB Light Therapy
- Severe/extensive (5% or more of body surface area): Derm and/or rheum referral to start systemic drugs (Adalimumab, Etanercept, Infliximab, MTX).
- The treatment of psoriasis requires an understanding of the effect that psoriasis is having on the patient's quality of life, and that effect is extremely variable.
- Patient education should begin at diagnosis.
  - Points to emphasize: Non-contagious. Goal of treatment is control, not cure. Maintaining quality of life is the key. Exacerbating factors are stress, infection, trauma, and **certain medications** (ACE-inhibitors, beta-blockers, lithium, and hydroxychloroquine).

## Helpful review articles:

- *Evaluation and Management of Psoriasis : An Internist's Guide* (Levine D, Gottlieb A). 2009.
- *Psoriasis: epidemiology, clinical features, and quality of life* (Langley et al). BMJ 2013
- AAFP Treatment algorithm: <http://www.aafp.org/afp/2000/0201/p725.html?printable=afp>

## Patient resources:

- The National Psoriasis Foundation is a widely used resource for patients (<http://www.psoriasis.org>).